

Case Number : \_\_\_\_\_

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## **IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM OVERTIME AND WORKWEEK REQUIREMENTS RECIPIENT DECLARATION**

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This document provides information about overtime and workweek requirements as mandated by state law (Welfare and Institutions Code sections 12300.4 and 12301.1) for the IHSS program. I must read the information and sign this form to show that I understand and agree to follow these requirements.

- Under state law, the maximum amount of time an IHSS provider can work in a workweek providing authorized services is the maximum weekly hours. My total monthly authorized hours will now be divided by 4 to determine my maximum weekly hours. The workweek starts at 12:00 a.m. (midnight) on Sunday and ends at 11:59 p.m. on the following Saturday.
- I can authorize my provider to adjust his/her schedule to work more than his/her normal work hours during the workweek without asking the county for approval as long as it does not cause my provider to:
  1. Work more overtime hours in the month than he/she would normally work;
  2. Work more than 40 hours in a workweek if the maximum weekly hours are 40 hours or less in a workweek; and
  3. Work more than 66 hours in a workweek if my provider is working for multiple recipients.
- Each time my provider does any of the following, he/she will get a violation:
  1. My provider only has me as a recipient and works more than 40 hours in a workweek for me without getting approval from the county when my maximum weekly hours are 40 hours or less per workweek;
  2. My provider has more than one recipient, and he/she works more than 66 hours in a workweek;

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- 3. My provider works more hours for me than my maximum weekly hours in a workweek without getting approval from the county, causing more overtime hours in the month than normal; or
- 4. My provider’s claimed travel time is more than seven hours in a workweek.
- Sometimes I may need my provider to work more than my weekly maximum hours. I must ask the county for approval to adjust my weekly maximum hours; even if the county approves my request for an exception, I will need to have my provider work less hours in the next workweek(s) of the month so that I don’t go over my authorized monthly hours. The county will send me a notice to let me know whether my exception request was approved or denied.
- The county will send me a notice when my provider gets a violation. If my provider gets three violations, he/she will be suspended from providing IHSS for three months. If he/she gets another violation after being reinstated from the three-month suspension, he/she will be terminated as a provider for one year.

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**RECIPIENT ACKNOWLEDGMENT**

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**I understand and agree to follow all of the requirements listed in this form.**

RECIPIENT’S SIGNATURE:	DATE:
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RECIPIENT’S PRINTED NAME:

AUTHORIZED REPRESENTATIVE’S SIGNATURE:	DATE:
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AUTHORIZED REPRESENTATIVE’S PRINTED NAME:

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**FOR COUNTY USE ONLY**

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WORKER NAME:	DATE:
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